APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention

CRYOGEN PRESSURE VESSEL ASSEMBLY FOR

SUPERCONDUCTING MAGNETS

Application Type: regular, utility

Attorney Docket Number: 124509

Correspondence address:

Name: Philmore H. Colburn II

Address-1 of Mailing Address: Cantor Colburn LLP

Address-2 of Mailing Address: 55 Griffin Road South

City of Mailing Address: Bloomfield

State of Mailing Address: CT
Postal Code of Mailing Address: 06002
Country of Mailing Address: US

Phone: 860-286-2929 **Fax:** 860-286-0115

E-mail:

Priority Data:

Doc.No: 0227226.8; Country -GB; Date: 2002-11-21 us-priority-claimed

Inventors Information:

Inventor 1:

Applicant Authority Type: Inventor Citizenship: US

Given Name: Thomas
Family Name: Penn

Residence:

City of Residence: Milwaukee

State of Residence: WI
Country of Residence: US

Address-1 of Mailing Address: 3019 N. Summit Avenue

Address-2 of Mailing Address:

City of Mailing Address: Milwaukee

State of Mailing Address: WI

Postal Code of Mailing Address:	53211
Country of Mailing Address:	US
Phone:	
Fax:	
E-mail:	
Inventor 2:	
Applicant Authority Type:	Inventor
Citizenship:	GB
Given Name:	Peter
Family Name:	Feenan
Residence:	
City of Residence:	North Witney
Country of Residence:	GB
Address-1 of Mailing Address:	6 Broadmarch Lane
Address-2 of Mailing Address:	
City of Mailing Address:	North Witney
State of Mailing Address:	
Postal Code of Mailing Address:	OX29 8AN
Country of Mailing Address:	GB
Phone:	
Fax:	
E-mail:	
Inventor 3:	
Applicant Authority Type:	Inventor
Citizenship:	GB
Given Name:	David
Middle Name:	G
Family Name:	Reeves
Residence:	
City of Residence:	Bloxham
Country of Residence:	GB
Address-1 of Mailing Address:	Ross Cottage
Address-2 of Mailing Address:	Kings Road
City of Mailing Address:	Bloxham
State of Mailing Address:	
Postal Code of Mailing Address:	OX15 4QE
Country of Mailing Address:	GB
Phone:	
Fax:	
E-mail:	

Assignee 1: **Organization Name:** GE Medical Systems Global Technology Company, LLĆ 3000 North Grandview Boulevard Address-1 of Mailing Address: Address-2 of Mailing Address: **City of Mailing Address:** Waukesha State of Mailing Address: WI **Postal Code of Mailing Address:** 53188 **Country of Mailing Address:** US Phone: Fax:

E-mail: